

**2<sup>nd</sup> MODIFIED CHAPTER 13 PLAN**  
**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF MISSISSIPPI** **CASE NO:16-10643**

Median Income:  Above  Below

Debtor Diane Perry SS#XXX-XX-6343 Current Monthly Income \$ 1,403.64

Jt. Debtor \_\_\_\_\_ SS#XXX-XX-\_\_\_\_\_ Current Monthly Income \$ \_\_\_\_\_

Address 1800 Hwy 25 S., Starkville, MS 39759 No. of Dependents 0

**THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.**

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 48 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) Debtor shall pay \$ 173.00 per ( monthly,  semi-monthly,  week, or  bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

Starkville Oktibbeha Consolidated

401 Greensboro St.

Starkville, MS 39759

(B) Joint Debtor shall pay \$ \_\_\_\_\_ per ( monthly,  semi-monthly,  weekly, or  bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

\_\_\_\_\_

\_\_\_\_\_



**PRIORITY CREDITORS.** Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:

Internal Revenue Service: \$ 1,953.48 @ \$ 40.70 /mo

MS Dept. of Revenue: \$ 887.00 @ \$ 18.48 /mo Other/ \_\_\_\_\_ : \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo

**DOMESTIC SUPPORT OBLIGATIONS. DUE TO:**

\_\_\_\_\_

\_\_\_\_\_

POST PETITION OBLIGATION: In the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_.  
To be paid  direct,  through payroll deduction, or  through the plan.

PRE-PETITION ARREARAGE: In the amount of \$ \_\_\_\_\_ which shall be paid in the

amount of \$ \_\_\_\_\_ per month.

To be paid  direct,  through payroll deduction, or  through the plan.

**HOME MORTGAGES.** All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party of interest, the plan will be amended consistent with the proof of claim filed herein, subject to the state date for the continuing monthly mortgage payment proposed herein **INCLUDES: Insurance  Taxes**

MTG PMTS TO: \_\_\_\_\_ BEGINNING \_\_\_\_\_ @ \$ \_\_\_\_\_ ( ) PLAN ( ) DIRECT

MTG PMTS TO: \_\_\_\_\_ BEGINNING \_\_\_\_\_ @ \$ \_\_\_\_\_ ( ) PLAN ( ) DIRECT

MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO

MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO

Debtor's Initials DP

Joint Debtor's Initials \_\_\_\_\_

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**MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:**

Creditor: \_\_\_\_\_ Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_

Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed  Yes  No

Creditor: \_\_\_\_\_ Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_

Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed  Yes  No

**NON-MORTGAGE SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

<u>CREDITOR'S NAME</u>	<u>COLLATERAL</u>	<u>910* CLM</u>	<u>APPROX. AMT. OWED</u>	<u>INT. VALUE</u>	<u>TOTAL AMT. RATE</u>	<u>MONTHLY TO BE PAID</u>	<u>PAYMENT</u>
Tower Loan	NPM (Non-Exempt)		\$6,148.21	\$1,000.00	5% 5%	\$1,105.41	\$23.03
Republic Finance	NPM (Non-Exempt)		\$4,992.38	\$100.00	5% 5%	\$110.54	\$2.30
United Consumer	Kirby System		\$1,639.02	\$200.00	5% 5%	\$221.08	\$4.61
					%		
					%		
					%		

\*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

**SPECIAL CLAIMANTS** including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

<u>CREDITOR'S NAME</u>	<u>COLLATERAL OR TYPE OF DEBT</u>	<u>APPROX. AMT. OWED</u>	<u>PROPOSAL TO BE PAID</u>
Capital One Auto	2012 Jeep Compass	\$12,121.22	SURRENDER INT. TO CO-SIGNER

**STUDENT LOANS** which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

<u>CREDITOR'S NAME</u>	<u>APPROX. AMT. OWED</u>	<u>CONTRACTUAL MO. PMT.</u>	<u>PROPOSED TREATMENT</u>
Dept. of Ed./Navient	\$24,600.00	\$0.00	Defer Payments

**SPECIAL PROVISIONS** which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

The Individual plan payments to creditors shall constitute adequate protection payments to Creditors pursuant to this Court's standing order.

**GENERAL UNSECURED CLAIMS** total approximately \$ 24,924.94. Such claims must be *timely filed* and not disallowed to receive payment as follows: 0 IN FULL (100%), 0 % (percent) MINIMUM, or a total distribution of \$ 0.00, with the Trustee to determine the percentage distribution. ***Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.***

**\*\*Debtors will pay 0 to all unsecured creditors whose claims are unenforceable because they are barred by statute of limitations.**

Total Attorney Fees Charged \$ 3,200.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Attorney Fees Previously Paid \$ 10.00

Attorney fees to be paid through the plan \$ 3,190.00

Name/Address/Phone # of Vehicle Insurance Co./Agent  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney for Debtor (Name/Address/Phone #/Email)

**R. GAWYN MITCHELL  
P.O. BOX 1216  
COLUMBUS, MS 39703  
Telephone 662-327-3344**

Telephone/Fax \_\_\_\_\_

DATE: 08/23/17

DEBTOR'S SIGNATURE

/s/ Diane Perry

JOINT DEBTOR'S SIGNATURE \_\_\_\_\_

ATTORNEY SIGNATURE

/s/ R. Gawyn Mitchell